

Expenses

**5:60-E1 Exhibit - Employee Expense Reimbursement Form**

Submit to the Superintendent. **Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements.** Please print and attach receipts for all expenditures.

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_

Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Receipts attached Request Date: \_\_\_\_\_

Estimated expenses attached (Completed 5:60-E2, Employee Estimated Expense Approval Form)(pre-approval is required for federal and state grants).

Approved expense advancement (voucher) attached, if applicable\* (Completed 5:60-E2, Employee Estimated Expense Approval Form.)

<b>Actual Expense Report</b>										
*Employees will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund any expense advancement that exceeds the actual and necessary expenses incurred. 105 ILCS 5/10-22.32. For federal and State grants, employees will be reimbursed for actual and necessary expenses that exceed estimated expenses as permitted by Board policy 5:60, Expenses.										
Auto Travel Allowance: _____ per mile										
Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other		Daily Total
	Miles	Cost			Bkfst	Lunch Dinner	Item	Cost		
<b>Subtotal</b>										
<b>Advances</b>										
<b>TOTAL</b> (A negative amount indicates refund due from employee.)									\$	

Superintendent or Designee: \_\_\_\_\_  Approved  Denied  
 (below maximum allowable amount)  Approved in Part  
 Grant Funding Source (if applicable): \_\_\_\_\_

\_\_\_\_\_  
 Superintendent or Designee Signature Date  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**School Board Action** (exceeds maximum allowable amount):  Approved  Denied  
 Approved in Part  
 Grant Funding Source (if applicable): \_\_\_\_\_

\_\_\_\_\_  
 Employee Signature Date

DATED : June 22, 2020

**Carrollton CUSD 1**

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